

Virginia Department of Social Services
Division of Family Services
Parent Advisory Council Membership Application



Virginia Department of Social Services Division of Family Services (DFS) announces the formation of the Parent Advisory Council (Council). VDSS is recruiting applicants to serve on the Council. We are inviting applications from birth parents who have a strong interest in working in partnership with VDSS to strengthen families so children may stay safely at home. We are seeking parents who have previous involvement with the child welfare, and that involvement ended at a minimum of 6 months prior. Please see the **Role Description** for full details.

For this Council's purpose, "parent" is defined as someone who was in a parental capacity, such as a child's biological parent, legal custodian or guardian and was involved with child welfare while in a primary caretaking role. The Division of Family Services also has other advisory groups for kinship, foster and adoptive parents.

If you are interested in being considered for this role, please complete and submit this application form via email to Brenda Sampe at b.sampe@dss.virginia.gov. At this time, we are only recruiting parents who reside in the Eastern and Western regions of Virginia.

Parent Advisory Council Membership Application Form

Please complete this application form if you are a parent interested in being considered as a candidate for the Parent Advisory Council. (Please feel free to use additional pages if more space is needed for your responses below).

Name:	
Address:	
Primary Phone Number:	
Best Alternate Phone Number:	
E-Mail Address:	
Preferred Contact Method:	

1. How did you hear about this opportunity? If applicable, please provide the name, telephone number and/or email address of the person recommending you for this role.

2. After reviewing the Parent Advisory Council member role description, please tell us why you are interested in becoming a Council member?

3. Please briefly share any experiences that you have had with child welfare, services you received or child welfare intervention or prevention services in which you participated.

4. How would you like to contribute to supporting families and keeping them safely together? Describe your interest in and participation in prevention programs and services for your family or other families.

5. Are you willing to have a working relationship with your local or state child welfare program? If so, please describe.

6. Are you able to attend at least two in-person meetings annually in another city outside of your home location? (All of your travel expenses, meals, lodging and child care costs will be paid.) Please answer YES or NO:

- a. Do you have any special travel requirements? If yes, please describe.

- b. Are you able to participate in virtual and/or in-person monthly meetings or more frequently as needed and review materials in preparation for meetings?

Please answer YES or NO:

7. Being part of the Parent Advisory Council will involve some public speaking. Would you feel comfortable speaking in front of a group? Would you like our staff's support in developing those skills?

8. What other supports would you need to be able to participate in the Council?

9. Please describe any specific areas of interest you have in strengthening Virginia's child welfare program.

10. Is there anything else you would like to share or ask us as we review this application for Council membership?

Parent Leader Signature

Date